



## **Texas Department of Insurance**

### **Division of Workers' Compensation**

Medical Fee Dispute Resolution, MS-48

7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645

512-804-4000 telephone • 512-804-4811 fax • [www.tdi.texas.gov](http://www.tdi.texas.gov)

## **MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION**

### **GENERAL INFORMATION**

#### **Requestor Name and Address**

ASCENDANT ANESTHESIA  
25 HIGHLAND PARK VILLAGE SUITE 100-775  
DALLAS TX 75205-2726

#### **Respondent Name**

OLD REPUBLIC INSURANCE CO

#### **Carrier's Austin Representative Box**

Box Number 44

#### **MFDR Tracking Number**

M4-11-3642-02

#### **MFDR Date Received**

JUNE 21, 2011

### **REQUESTOR'S POSITION SUMMARY**

**Requestor's Position Summary:** "The carrier has issued a partial payment for this claim, but has not paid all codes billed for this patient and date of service."

**Amount in Dispute:** \$1,222.20

### **RESPONDENT'S POSITION SUMMARY**

**Respondent's Position Summary:** "the Carrier has paid for the date of service at issue. Enclosed please find a copy of the payment history. The history also reflects that the check has cleared, indicating the Provider received."

**Response submitted by:** Downs Stanford, P.C.

### **SUMMARY OF FINDINGS**

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
December 17, 2010	CPT Code 00670-QK	\$1,222.20	\$1,222.20

### **FINDINGS AND DECISION**

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

#### **Background**

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.203, titled *Medical Fee Guideline for Professional Services*, effective March 1, 2008, 33 TexReg 626, sets out the fee guidelines for reimbursement of professional medical services provided in the Texas workers' compensation system.
3. The services in dispute were reduced/denied by the respondent with the following reason codes:  
Explanation of benefits
  - 216-Based on the findings of a review organization.

- 219-Based on extent of injury
- 193-Original payment decision is being maintained. This claim was processed properly the first time.
- W3-Additional payment made on appeal/reconsideration.

## **Issues**

1. Does an extent of injury issue exist in this dispute?
2. Is the requestor entitled to reimbursement?

## **Findings**

1. According to the explanation of benefits, the respondent reduced the payment for the services rendered on December 17, 2010 based upon reason code "219." Upon reconsideration the respondent did not maintain this denial reason and issued payment. The Division finds that the submitted documentation does not support that an extent of injury issue exists in this dispute. The disputed services will be reviewed per applicable Division rules and guidelines.
2. 28 Texas Administrative Code §134.203(a)(5) states "Medicare payment policies" when used in this section, shall mean reimbursement methodologies, models, and values or weights including its coding, billing, and reporting payment policies as set forth in the Centers for Medicare and Medicaid Services (CMS) payment policies specific to Medicare."

A review of the submitted medical bill finds that the physician used the modifier "QK-Medical direction of two, three or four concurrent anesthesia procedures," and the CRNA appended modifier "QX-Anesthesia, CRNA medically directed."

The 2010 Trailblazer Health Enterprises, L.L.C. Anesthesia Manual states:

For a single anesthesia case involving both a physician medical direction service and the service of the medically directed CRNA, the payment amount for each service may be no greater than 50 percent of the allowance. The total payment for both may not exceed the amount that would be paid had the service been furnished solely by the anesthesiologist.

The respondent states in the position summary that "the Carrier has paid for the date of service at issue." A review of the explanation of benefits finds that the respondent paid \$1,222.20 for the anesthesia services rendered by the CRNA for code 00670-QX, and \$0.00 for the anesthesia services by physician with code 00670-QK .

28 Texas Administrative Code 134.203(b)(1) states "For coding, billing, reporting, and reimbursement of professional medical services, Texas workers' compensation system participants shall apply the following: (1) Medicare payment policies, including its coding; billing; correct coding initiatives (CCI) edits; modifiers; bonus payments for health professional shortage areas (HPSAs) and physician scarcity areas (PSAs); and other payment policies in effect on the date a service is provided with any additions or exceptions in the rules."

28 Texas Administrative Code §134.203(c)(1) states, "...To determine to MAR for professional services, system participants shall apply the Medicare payment policies with minimal modification...For service categories of Evaluation & Management, General Medicine, Physical Medicine and Rehabilitation, Radiology, Pathology, Anesthesia, and Surgery when performed in an office setting, the established conversion factor to be applied is \$53.68..."

To determine the MAR the following formula is used: (Time units + Base Units) X Conversion Factor = Allowance.

The Division reviewed the submitted anesthesia report and finds the anesthesia was started at 1440 and ended at 2240, for a total of 480 minutes. Per Trailblazers Health Enterprises, LLC 2010 Anesthesia Manual "The 15-minute time interval will be divided into the total time indicated on the claim. Total time should always be accurately reported in minutes. Actual time units will be paid; no rounding will be done up to the next whole number – only round to the next tenth." Therefore, the requestor has supported  $480/15 = 32$ .

The base unit for CPT code 00670 is 13.

The DWC Conversion Factor is \$54.32.

The MAR for CPT code 00670-QX and 00670-QK is: (Base Unit of 13 + Time Unit of 32) X \$54.32 DWC conversion factor = \$2,444.40. Previously paid by the respondent is \$1,222.20 for 00670-QX. Per Medicare Policy allowance for the physician using modifier QK may not be greater than 50% of the total allowance; therefore,  $\$2,444.40 \times 50\% = \$1,222.20$ . Previously paid by the respondent is \$0.00. The difference between

the MAR and amount paid is \$1,222.20.

### **Conclusion**

For the reasons stated above, the Division finds that the requestor has established that additional reimbursement is due. As a result, the amount ordered is \$1,222.20

### ***ORDER***

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Sections 413.031 and 413.019 (if applicable), the Division has determined that the requestor is entitled to additional reimbursement for the services involved in this dispute. The Division hereby ORDERS the respondent to remit to the requestor the amount of \$1,222.20 plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this Order.

### **Authorized Signature**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Medical Fee Dispute Resolution Officer

6/26/2013  
\_\_\_\_\_  
Date

### ***YOUR RIGHT TO APPEAL***

Either party to this medical fee dispute may appeal this decision by requesting a contested case hearing. A completed **Request for a Medical Contested Case Hearing** (form **DWC045A**) must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision* together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party.****

**Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.**